



## **Backflow Device Tester Registration Form**

*Mail Original & \$5 Filing Fee to City of Goddard*

City of Goddard  
118 North Main, PO Box 667  
Goddard, KS 67052  
P: 316-794-2441  
F: 316-794-2401

### **CERTIFIED BACKFLOW INSTALLER/TESTER INFO**

Date of Application \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

Company Name \_\_\_\_\_

Certified Tester Number \_\_\_\_\_

*I hereby attest that this information is true and accurate as presented.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

*A copy of the Certified Backflow Installer/Tester certification card showing the Certified Tester Number must be included with this application to be processed.*

### **For City Use Only**

\_\_\_\_\_  
Accepted By (City Representative)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Paid/Processed By City

\_\_\_\_\_  
Receipt Number